

PATENT
Attorney Docket No.: 143461

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Zoran Stanisic

Group No.: 2858

Serial No.:

10/764,243

-

Filed:

January 23, 2004

Examiner: Benson, Walter

For:

METHODS AND APPARATUS FOR ANALYZING HIGH VOLTAGE CIRCUIT

**BREAKERS** 

Mail Stop: Amendment Commissioner for Patents

P.O. Box 1450

**Alexandria, VA 22313-1450** 

#### **TRANSMITTAL**

1. Transmitted herewith is:

Amendment Transmittal which includes Certificate of Express Mail (3 pgs.) NO FEE Amendment in response to Office Action dated February 3, 2005 (9 pgs.) Two (2) Sheets Replacement Drawings Return Postcard

### **STATUS**

2. Applicant

claims small entity status.

is other than a small entity.

## CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV593387274US

Date: May 2, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

William Zychlewicz, Reg. No. 51,366

# **EXTENSION OF TERM**

| 3.  | apply.  (complete (a) or (b), as applicable)   |                |                             |                                  |  |  |  |  |  |  |  |
|---|--|----------------|-----------------------------|----------------------------------|--|--|--|--|--|--|--|
|   | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)   |                |                             |                                  |  |  |  |  |  |  |  |
|   | Extension within:  | for response C | Other than small entity Fee | Small entity Fee (if applicable) |  |  |  |  |  |  |  |
|   | first n  | nonth \$       | 120.00                      | \$ 60.00                         |  |  |  |  |  |  |  |
|   | secon  | d month \$     | 450.00                      | \$ 225.00                        |  |  |  |  |  |  |  |
|   | third 1  | month \$       | 1,020.00                    | \$ 510.00                        |  |  |  |  |  |  |  |
|   | fourth   | month \$1      | ,590.00                     | \$ 795.00                        |  |  |  |  |  |  |  |
|   | fifth r  | nonth \$2      | 2,160.00                    | \$1,080.00                       |  |  |  |  |  |  |  |
|   |  |                | Fee:                        | \$                               |  |  |  |  |  |  |  |
| If an additional extension of time is required, please consider this a petition therefor.   |  |                |                             |                                  |  |  |  |  |  |  |  |
| (Check and complete the next item, if applicable)   |  |                |                             |                                  |  |  |  |  |  |  |  |
| An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |  |                |                             |                                  |  |  |  |  |  |  |  |
| Extension fee due with this request \$  |  |                |                             |                                  |  |  |  |  |  |  |  |
|   | OR   |                |                             |                                  |  |  |  |  |  |  |  |
|   | (b) X Applicant believes that no extension of term is required. However, conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for exoft time. |                |                             |                                  |  |  |  |  |  |  |  |
|   |  |                |                             |                                  |  |  |  |  |  |  |  |

# FEE FOR CLAIMS

|        | (Col. 1)                             |  | (Col. 2)  |                                       | (Col. 3)         | SMALL ENTITY                                     | OTHER THAN<br>SMALL ENTITY |                         |  |  |
|--------|--------------------------------------|--|-----------|---------------------------------------|------------------|--|----------------------------|-------------------------|--|--|
|        | REM <i>A</i><br>AF                   | AIMS<br>AINING<br>TER<br>DMENT   |           | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE                          | OR                         | ADDITIONAL<br>RATE FEE  |  |  |
| TOTAL  |                                      |  | MINUS     |                                       | =                | x \$25.00 = \$                                   |                            | x \$50.00 = \$          |  |  |
| INDEP. |                                      |  | MINUS     |                                       | =                | x \$100.00 = \$                                  |                            | x \$200.00 = \$         |  |  |
|        | FIRS                                 | Γ PRESEN'  | TATION OF | MULTIPLE DEP. (                       | CLAIM            | + \$180.00 = \$                                  |                            | + \$360.00 = \$         |  |  |
|        |                                      |  |           |                                       |                  | TOTAL ADDITIONAL FEE \$                          | OR                         | TOTAL ADDITIONAL FEE \$ |  |  |
|        | (a)                                  | $\boxtimes$  | No add    | itional fee fo                        | r Claims is      | required   |                            |                         |  |  |
|        |                                      |  |           |                                       | OR               |  |                            |                         |  |  |
|        | (b)                                  |  | Total a   | dditional fee                         | for claims       | required \$                                      | •                          |                         |  |  |
|        |                                      |  |           | FEE !                                 | PAYMEN'          | Т  |                            |                         |  |  |
| 5.     | Attached is a check in the sum of \$ |  |           |                                       |                  |  |                            |                         |  |  |
|        |                                      | Charge Deposit Account No. 01-2384 the sum of \$  A duplicate of this transmittal is attached. |           |                                       |                  |  |                            |                         |  |  |
|        |                                      |  |           | FEE D                                 | <b>EFICIEN</b>   | CY   |                            |                         |  |  |
| 6.     | $\boxtimes$                          | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.        |           |                                       |                  |  |                            |                         |  |  |
|        |                                      |  |           | A                                     | ND/OR            |  |                            |                         |  |  |
|        | $\boxtimes$                          | If any additional fee for claims is required, charge Deposit Account No. 01-2384.              |           |                                       |                  |  |                            |                         |  |  |
| 7.     |                                      | Other:   |           |                                       |                  |  |                            |                         |  |  |
|        |                                      |  |           |                                       | Reg              | liam Zychlewicz<br>J. No. 51,366<br>MSTRONG TEAS |                            |                         |  |  |

One Metropolitan Square, Suite 2600 St. Louis, MO 63102 314-621-5070